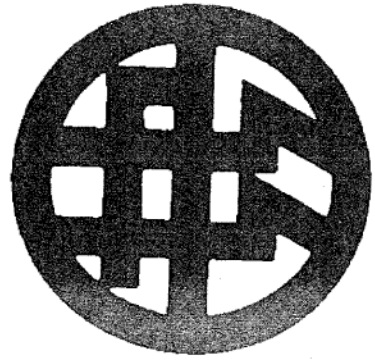


## **EXHIBIT C**



CONFIDENTIAL

BLUSA-EHRLICH INCOMING 0000051

# ACCOUNT APPLICATION

In this BLUSA International Account Application, you provide the information necessary to open an account with us. If you wish to open both a Personal Account and a Business Account, please use two Account Applications.

☒ NEW ACCOUNT ☐ UPDATE TO EXISTING ACCOUNT

ACCOUNT TITLE DAVID EHRlich OR ANGELA TYKODKI

(For Personal Accounts, last name first)

ACCOUNT NO. 005592 2090510

ACCOUNT TYPE Index # 277813

<input checked="" type="radio"/> PERSONAL	<input type="radio"/> BUSINESS
Check at least one <input type="radio"/> Checking with Interest <input type="radio"/> Money Market	Check at least one <input type="radio"/> Checking without Interest <input type="radio"/> Money Market

WILL ACCOUNT BE:	YES	NO	PAGE IN ACCOUNT TERMS	SHOULD WE:	YES	NO	PAGE IN ACCOUNT TERM
Joint Account?	<input checked="" type="radio"/>	<input type="radio"/>	3	prepare account statements. (check only one)	<input type="radio"/>	<input type="radio"/>	4
"in trust for" account?	<input checked="" type="radio"/>	<input type="radio"/>	2-3	<input type="radio"/> monthly? <input type="radio"/> quarterly? <input type="radio"/> annually?	<input type="radio"/>	<input type="radio"/>	
"account designated by number or otherwise"?	<input type="radio"/>	<input checked="" type="radio"/>	4		<input type="radio"/>	<input type="radio"/>	
NAME				Send with your statement paid checks and memo items.	<input type="radio"/>	<input type="radio"/>	4
SHOULD WE:							
hold all mail?	<input type="radio"/>	<input checked="" type="radio"/>	2, 9				
verify telephone (oral or facsimile transmission) payment orders before execution?	<input type="radio"/>	<input type="radio"/>	6-7	ARE YOU APPOINTING AN ATTORNEY-IN-FACT?	<input type="radio"/>	<input type="radio"/>	10

## INFORMATION AS TO MAIN OWNER

OWNER 1	LAST NAME	FIRST NAME	MI
	EHRlich	DAVID	
PERMANENT RESIDENCE ADDRESS		639/602	
STREET		MONTENAPOLI	
COUNTRY		ITALY	
HOME TELEPHONE		7115293	
VOICE (Area Code)		FACSIMILE (Area Code)	
005592			
If circumstances require us to send you a facsimile transmission or you request material by facsimile transmission, should we contact you on Voice Line before the transmission?			
<input checked="" type="radio"/> yes <input type="radio"/> no			
BUSINESS TELEPHONE			
VOICE (Area Code)			
005592 2090510			
FACSIMILE (Area Code)			
If circumstances require us to send you a facsimile transmission or you request material by facsimile transmission, should we contact you on Voice Line before the transmission?			
<input checked="" type="radio"/> yes <input type="radio"/> no			
DATE OF BIRTH			
5/21/1947			
EMPLOYER			
EMPLOYER ADDRESS (Street, City, State, Zip, Country)			
VIA MONTENAPOLI 2142			
CITIZENSHIP (Citizenship, Passport #)			
1090043019			
MAILING ADDRESS FOR ACCOUNT INFORMATION (Do not complete if you checked "Yes" to "hold mail")			
DAVID EHRlich			
LAST NAME			
FIRST NAME			
MI			
STREET			
CITY			
POSTAL CODE			
COUNTRY			

For personal account, go to page 2  
For business account, go to page 6

Attach copy of an ID or Passport Photo for each owner.  
If joint account, go to page 3. If not joint account but "in trust for" account, go to page 4.  
If not joint account and not "in trust for" account, go to Customer Agreement page 6.  
If "in trust for" go to page 6





## BASIC INFORMATION FOR BUSINESS ACCOUNTS

BUSINESS NAME	
TYPE OF ORGANIZATION (e.g., corporation, unincorporated association)	
ORGANIZED UNDER LAWS OF (country)	
BUSINESS ADDRESS (specify even if you choose "hold mail")	
STREET	CITY POSTAL CODE
COUNTRY	
MAILING ADDRESS FOR ACCOUNT INFORMATION (Do not complete if you choose "hold all mail")	
LAST NAME	FIRST NAME MI
STREET	CITY POSTAL CODE
COUNTRY	
FOR A CORPORATION OR UNINCORPORATED ASSOCIATION,	
DATE ON WHICH CORPORATE AUTHORITY PROVISIONS (ARTICLE VIII) OF THE INTERNATIONAL ACCOUNT TERMS BOOKLET WERE DULY ADOPTED AND APPROVED BY THE BOARD OF DIRECTORS, OTHER GOVERNING BODY, OR, IF NO GOVERNING BODY, THE MEMBERS	
M	D Y

## CUSTOMER AGREEMENT

1. The Account Owner represents and warrants that all information is true, correct, and complete.
2. The Account Owner confirms receiving a copy of, and agreeing to, the International Account Terms.
3. For purposes of Line 1, "Account Owner" refers to each individual signing this page.
4. Each individual signing this page is authorized to sign singly in transacting all business for this Account unless otherwise specified to the right of the signer.

I UNDERSTAND THAT DEPOSITS MAY BE OPENED IN, AND FINANCIAL ASSETS PURCHASED AND SOLD THROUGH, THE ACCOUNT, EXCEPT FOR DEPOSITS WITH YOUR NEW YORK HEAD OFFICE. I UNDERSTAND THAT DEPOSITS ARE NOT FDIC INSURED. I ALSO UNDERSTAND THAT FINANCIAL ASSETS PURCHASED THROUGH THE ACCOUNT ARE

- NOT INSURED BY THE FDIC.
- NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, YOU, YOUR AFFILIATES, OR ANY OTHER DEPOSITORY INSTITUTION; AND
- SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.

## Rule out unused sections

1	LAST NAME	FIRST NAME	MI	SIGNING AUTHORITY
	SIGNATURE: X			<input type="radio"/> Jointly with No. on or with in POA section
2	LAST NAME	FIRST NAME	MI	SIGNING AUTHORITY
	SIGNATURE: X			<input type="radio"/> Jointly with No. on this page or with on next page
3	LAST NAME	FIRST NAME	MI	SIGNING AUTHORITY
	SIGNATURE: X			<input type="radio"/> Jointly with No. on this page or with on next page
4	LAST NAME	FIRST NAME	MI	SIGNING AUTHORITY
	SIGNATURE: X			<input type="radio"/> Jointly with No. on this page or with on next page

Complete if you checked "Yes" to appointing an Attorney-in-Fact  
Each Attorney-in-Fact must also sign Attorney-in-Fact Signature Card

A	NAME OF ATTORNEY-IN-FACT (POA)	SIGNING AUTHORITY
	ADDRESS	<input type="radio"/> Jointly with No. in this section or with No. in above section
	TELEPHONE NUMBER	
B	NAME OF ATTORNEY-IN-FACT (POA)	SIGNING AUTHORITY
	ADDRESS	<input type="radio"/> Jointly with No. in this section or with No. in above section
	TELEPHONE NUMBER	
C	NAME OF ATTORNEY-IN-FACT (POA)	SIGNING AUTHORITY
	ADDRESS	<input type="radio"/> Jointly with No. on this page or with No. on above section
	TELEPHONE NUMBER	
	SPECIMEN SIGNATURE: X	

## SUBSTITUTE W-9

## CERTIFICATE OF FOREIGN STATUS

For Joint Accounts, each account owner must sign.  
For Business Accounts, indicate signer's title.

Under penalties of perjury, we certify that  
For INTEREST PAYMENTS and for DIVIDENDS, we are not U.S. citizens or residents (or we are  
acting for a foreign corporation, estate or trust).  
For BROKER TRANSACTIONS, we are Exempt Foreign Persons.\*

1. NAME:					
SIGNATURE: X					
PERMANENT RESIDENCE - ADDRESS:					
STREET	COUNTRY	CITY	STATE	POSTAL CODE	
2. NAME:					
SIGNATURE: X					
PERMANENT RESIDENCE - ADDRESS:					
STREET	COUNTRY	CITY	STATE	POSTAL CODE	
3. NAME:					
SIGNATURE: X					
PERMANENT RESIDENCE - ADDRESS:					
STREET	COUNTRY	CITY	STATE	POSTAL CODE	
4. NAME:					
SIGNATURE: X					
PERMANENT RESIDENCE - ADDRESS:					
STREET	COUNTRY	CITY	STATE	POSTAL CODE	
5. NAME:					
SIGNATURE: X					
PERMANENT RESIDENCE - ADDRESS:					
STREET	COUNTRY	CITY	STATE	POSTAL CODE	
6. NAME:					
SIGNATURE: X					
PERMANENT RESIDENCE - ADDRESS:					
STREET	COUNTRY	CITY	STATE	POSTAL CODE	

\*You are an Exempt Foreign person for a calendar year in which (i) you are a nonresident alien individual or a foreign corporation, estate, or trust; (ii) if an individual, you have not been, and plan not to be, present in the United States for a total of 183 days or more during the year; and (iii) you are neither engaged, nor plan to be engaged during the year, in a U.S. trade or business that has effectively connected gains from transactions with a broker or barrier exchange.

## KNOW YOUR CUSTOMER PROFILE

1. Upon whose recommendation is Account Owner opening the Account?

EXISTENT CUSTOMER LEVIN L. AMERICA

2. Does any Account Owner have a relationship with another bank or depository institution?  
☐ yes ☐ no

If "yes," indicate name and location of the bank or other depository institution:

Name of Bank or Other  
Depository Institution Location

LEVIN LATIN AMERICA  
PROVIA ?

3. FOR PERSONAL ACCOUNTS (for each account owner)

a) What is Account Owner's occupation?

owner Sholich  
THOS S.C.

b) If retired,

When did Account Owner retire?

What was Account Owner's occupation immediately before retirement?

c) Do others have, or are they expected to have, a beneficial ownership interest in the Account - for example, Account Owner acting as agent for a third party in holding or investing funds in the Account?  
☐ yes ☐ no

If "yes," provide the following information for each person other than Account Owner who is indicated as having a beneficial ownership interest in the Account:

Name:

Address:

Home Telephone:

Business Telephone:

Occupation:

## FOR BUSINESS ACCOUNTS

a. Is the corporation publicly-held? ☐ yes ☐ no

If "no," provide the following information for each of the corporation's primary principals:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Years there: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Is the corporation substantially engaged in a trade or business other than managing financial assets? ☐ yes ☐ no

If "yes," provide the following information for the corporation:

What is that nature of that trade or business?

Under what name is that trade or business conducted?

What is the primary location at which that trade or business conducted?

Did individual completing this profile personally visit that location? ☐ yes ☐ no

If "yes," (i) when was that?

(date) \_\_\_\_\_ (time) \_\_\_\_\_

(ii) describe what was observed, including both a brief physical description of premises and activities observed?

a) During the next 12 months, what are the activities Account Owner intends to conduct through the Account? Indicate US dollar volume for each activity.

US\$ or US\$ equivalent	TIME DEPOSITS	INVESTMENTS
		US\$ 100K

b) Does Account Owner indicate additional funds will be transferred to the Account during the next 12 months? ☐ yes ☐ no  
If "yes," what activities or circumstances primarily resulted in the acquisition of those funds?

- ☐ Inheritances
- ☐ Securities ☐ Operation of a business
- ☐ Real Estate ☒ Investment activities
- ☐ Sale of business ☐ Other (describe)

1. I met with Account Owner (name) \_\_\_\_\_ or, if

a Business Account, Account Owner's principal (name) \_\_\_\_\_  
on \_\_\_\_\_ ;

2. Such individual provided the above information to me personally;

3. I examined such individual's passport and confirm that the passport photo shows a true likeness;

4. I verified such individual's residence address;

5. Such individual signed the Customer Agreement page in my presence  
on \_\_\_\_\_ and \_\_\_\_\_

6. I reviewed the Application for completeness.

Signature of Rep Officer

Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

BLUSA Officer

07-○○○○○○○

ACCOUNT

TITLE

○ NEW ACCOUNT  
○ UPDATE

## CUSTOMER SIGNATURE CARD

TYPE OR PRINT NAME (and title if Business Account) AND SIGN IN BOX UNDERNEATH

1.

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Attorney-in-Fact Card dated  
mm / dd / yy

2.

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Attorney-in-Fact Card dated  
mm / dd / yy

☒ Michael Ball

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Attorney-in-Fact Card dated  
mm / dd / yy

☒ Joseph S. Ball

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Attorney-in-Fact Card dated  
mm / dd / yy

☒ Michael Ball

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Attorney-in-Fact Card dated  
mm / dd / yy

☒ Joseph S. Ball

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Attorney-in-Fact Card dated  
mm / dd / yy

Unless otherwise specified hereon and in Account Application, each may sign singly

07-○○○○○○○

ACCOUNT

TITLE

○ NEW ACCOUNT  
○ UPDATE

## ATTORNEY-IN-FACT SIGNATURE CARD

TYPE OR PRINT NAME (and title if Business Account) AND SIGN IN BOX UNDERNEATH

1.

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Customer Card dated  
mm / dd / yy

2.

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Customer Card dated  
mm / dd / yy

☒ Michael Ball

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Customer Card dated  
mm / dd / yy

☒ Joseph S. Ball

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Customer Card dated  
mm / dd / yy

☒ Michael Ball

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Customer Card dated  
mm / dd / yy

☒ Joseph S. Ball

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Customer Card dated  
mm / dd / yy

☒ Michael Ball

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Customer Card dated  
mm / dd / yy

☒ Joseph S. Ball

Jointly with No. \_\_\_\_\_ hereon, or with  
No. \_\_\_\_\_ on Customer Card dated  
mm / dd / yy

Unless otherwise specified hereon and in Account Application, each may sign singly



Form **W-8BEN**

(October 1998)

Department of the Treasury  
Internal Revenue ServiceCertificate of Foreign Status of Beneficial Owner  
for United States Tax Withholding

Section references are to the Internal Revenue Code. See separate instructions.

Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-0047

Do not use this form for:

Instead, use:

- A U.S. citizen or other U.S. person, including a resident alien individual. . . . . W-BEN
- A foreign partnership (see instructions for exceptions). . . . . W-BEN
- A foreign government, international organization, foreign central bank of issue, tax-exempt organization, or private foundation, claiming the applicability of section(s) 501(c), 502, 505, or 1442(b). . . . . W-BEN
- A person acting as an intermediary. . . . . W
- A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States. . . . . W

**Part I Identification of Beneficial Owner (See instructions.)**

1 Name of individual or organization that is the beneficial owner <b>ANGELA TYROCKI</b>		2 Country of incorporation or organization <b>Poland</b>
3 Type of beneficial owner: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Foreign government <input type="checkbox"/> International organization <input type="checkbox"/> Foreign central bank of issue <input type="checkbox"/> Foreign tax-exempt organization		
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box. <b>KOSZCZOWSKA 139/1002</b>		
City or town, state or province. Include postal code where appropriate. <b>MONTEVIDEO</b>		Country (do not abbreviate) <b>URUGUAY</b>
5 Mailing address (if different from above):  City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)		
6 U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN		7 Foreign tax identifying number, if any (see instructions)
8 Account number(s) (optional)		

**Part II Claim of Tax Treaty Benefits (if applicable)**

- 9 I certify that (check all that apply):
- a ☐ The beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.
  - b ☐ If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
  - c ☐ The beneficial owner is not an individual, derives the income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty article dealing with limitation on benefits (see instructions).
  - d ☐ The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest in U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
  - e ☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 993 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.
- 10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article \_\_\_\_\_, a treaty identified on line 9a above to claim a \_\_\_\_\_% rate of withholding on (specify type of income): \_\_\_\_\_  
Explain the reasons the beneficial owner meets the terms of the treaty article: \_\_\_\_\_

**Part III Notional Principal Contracts**

- 11 ☐ I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

**Part IV Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is a foreign person.
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States.
- For broker transactions or better exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Any income from a notional principal contract to which this form relates is not effectively connected with the conduct of a trade or business within the United States, and
- I am not a former citizen or long-term resident of the United States subject to section 877 (relating to current acts of expatriation) or, if I am subject to section 877, I am nevertheless entitled to treaty benefits with respect to the amounts received.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date

For Paperwork Reduction Act Notice, see separate instructions.

Form **W-8BEN**  
(October 1998)Department of the Treasury  
Internal Revenue ServiceCertificate of Foreign Status of Beneficial Owner  
for United States Tax WithholdingSection references are to the Internal Revenue Code. See separate instructions.  
Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-0047

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual. Instead, use Form W-9.
- A foreign partnership (see instructions for exceptions). W-8ECI or W-8.
- A foreign government, international organization, foreign central bank of issue, tax-exempt organization, or private foundation, claiming the applicability of section(s) 501(c), 502, 505, or 1443(b). W-8ECI or W-8.
- A person acting as an intermediary. W-8.
- A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States. W-8.

**Part I** Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner <b>DAVID EHRlich</b>	2 Country of incorporation or organization <b>USA</b>
3 Type of beneficial owner <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> <input type="checkbox"/> Foreign government <input type="checkbox"/> International organization <input type="checkbox"/> Foreign central bank of issue <input type="checkbox"/> Foreign tax-exempt organization	
4 Permanent residence address (street, apt. or suite no., or post office). Do not use a P.O. box. <b>REQUE CLARAS 021602</b>	
City or town, state or province. Include postal code where appropriate. <b>MONTEVIDEO</b>	
5 Mailing address (if different from above) <b>URUGUAY</b>	

6 U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	7 Foreign tax identifying number, if any (see instructions)
--	---

8 Account number(s) (optional)

**Part II** Claim of Tax Treaty Benefits (if applicable)

- 9 I certify that (check all that apply):
- a ☐ The beneficial owner is a resident of ..... within the meaning of the income tax treaty between the United States and that country.
  - b ☐ If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
  - c ☐ The beneficial owner is not an individual, derives the income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty article dealing with limitation on benefits (see instructions).
  - d ☐ The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest in U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
  - e ☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 990 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.
- 10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article ..... of treaty identified on line 9a above to claim a .....% rate of withholding on (specify type of income): .....  
Explain the reasons the beneficial owner meets the terms of the treaty article: .....

**Part III** Notional Principal Contracts

- 11 ☐ I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

**Part IV** Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is a foreign person.
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States.
- For broker transactions or better exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Any income from a notional principal contract to which this form relates is not effectively connected with the conduct of a trade or business within the United States, and
- I am not a former citizen or long-term resident of the United States subject to section 877 (relating to certain acts of expatriation) or, if I am subject to section 877, I am nevertheless entitled to treaty benefits with respect to the amounts received.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date

For Paperwork Reduction Act Notice, see separate instructions.



*For Personal Accounts Only*

**If Account Owner is Retired:** Provide date of retirement \_\_\_\_\_ and provide Occupation /  
Firm / Employer / Business information (above) for most recent employment.



Home Address 

Home Telephone

Account Owner's Occupation.

Name of Employer/Firm (if self-employed)

Employer / Firm Address

Employer / Firm Information

3.3) Name of Account Owner

Home Address

Home Telephone \_\_\_\_\_

Account Owner's Occupation

Name of Employer/Firm (if self-employed)

Employer / Firm Address.

Employer / Firm Information

4. Do others have, or are they expected to have, a beneficial ownership interest in the Account—for example, Account Owner acting as agent for a third party in holding or investing funds in the Account?

yes ☐ no ☐

If "yes," provide the following information for each person (other than Account Owner) who has a beneficial ownership interest in the Account:

Name:

Address.

Home Telephone:

Business Telephone:

Occupation:

(Attach additional sheets if needed.)

For Personal Accounts Only

5. a) What source(s) of funds will be used to open the Account or purchase investments?<sup>1</sup> Check all that apply and indicate dollar amounts.

Inheritances \$ \_\_\_\_\_ (provide details below)  
 Savings from employment earnings \$ \_\_\_\_\_ (please provide details below)  
 Operation of a business \$ \_\_\_\_\_ (provide details below)  
 Investment activities \$ \_\_\_\_\_ (provide details below)  
 Securities \_\_\_\_\_ Real estate \_\_\_\_\_ Sale of business \_\_\_\_\_ Other (describe) \_\_\_\_\_

Details: \_\_\_\_\_  
 Due to economic / political sit. in Uruguay -  
 will transfer when necessary

b) Does Account Owner indicate additional funds will be transferred to the Account during next 12 months?  
 yes ☒ no \_\_\_\_\_

If "yes," what will be source and expected monthly amounts of those funds?

Inheritances \$ \_\_\_\_\_ (provide details below)  
 Savings from employment earnings \$ \_\_\_\_\_ (please provide details below)  
 Operation of a business \$ \_\_\_\_\_ (provide details below)  
 Investment activities \$ \_\_\_\_\_ (provide details below)  
☒ Securities \_\_\_\_\_ Real estate \_\_\_\_\_ Sale of business \_\_\_\_\_ Other (describe) \_\_\_\_\_

Details: \_\_\_\_\_

c) During the next 12 months, what type and dollar amount of activities does Account Owner intend to conduct monthly through the Account? Indicate monthly US dollar volume for each category, both incoming and outgoing.

INCOMING FUNDS				OUTGOING FUNDS		
	WIRE TRANSFERS	CHECK DEPOSITS	CASH DEPOSITS	WIRE TRANSFERS	CHECK WITHDRAWALS	CASH WITHDRAWALS
US\$ or US\$ equivalent						

d) During the next 12 months, what type and average monthly dollar amount of asset holdings does the customer intend to maintain in the account?

	TRANSACTION ACCTS	TIME DEPOSITS	INVESTMENTS
US\$ or US\$ equivalent			100K

<sup>1</sup> "Source of funds" means both (i) identity of remitting financial institution, and (ii) activities or circumstances which primarily resulted in acquisition of those funds. For

- Inheritances indicate from whom
- Operation of a business: indicate name, location, and nature of business
- Securities investment activities: indicate name through which they were conducted—for example, if through a personal investment company, name of that company—and securities firm(s) through which securities investment activities were conducted.
- Real estate investment activities: identify their nature, name through which they were conducted, and any intermediary used.
- Sale of business: indicate name, location, and nature of business and when sold.

For Personal Accounts OnlyAccount Risk Evaluation

- |  | YES                                 | NO                                  |
|--|-------------------------------------|-------------------------------------|
| 1. Are any of the account owners, principals, partners, signers or beneficiaries a political figure or high-ranking military officer or closely related to a political figure or high-ranking military officer?                                  | —                                   | <input checked="" type="checkbox"/> |
| 2. For accounts opened in the U.S.A., are any of the account owners, principals, partners, signers or beneficiaries residents of a country other than the U.S.A.?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Are any of the account owners, principals, partners, signers or beneficiaries residents of a country other than the country where the office completing this form is located?   | —                                   | <input checked="" type="checkbox"/> |
| 4. Is the account owner a British Virgin Islands ("BVI") corporation, a Private Investment Company ("PIC") or a "bearer share" corporation? If yes, specify country of organization: _____   | —                                   | <input checked="" type="checkbox"/> |
| 5. Does the total relationship with this customer exceed \$5 million?  | —                                   | <input checked="" type="checkbox"/> |
| 6. Does the customer expect to have more than 25 wire transactions / month or does the customer expect to have wire transfers totaling more than \$1,000,000 / month <u>excluding</u> internal bank transfers for Time Deposits and Investments? | —                                   | <input checked="" type="checkbox"/> |
| 7. Is any account owner a currency dealer or exchanger; check casher; issuer of traveler's checks or money orders; seller or redeemer of traveler's checks or money orders; or money transmitter?  | —                                   | <input checked="" type="checkbox"/> |

Comments

\_\_\_\_\_ |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Personal Accounts Only

## CERTIFICATION (for FULL PROFILE)

Account Name: David Ehrlich or Angela Tykocki1 I met with Account Owner David Ehrlich on 9 17 2002

2. Such individual provided the above information to me personally;

3 I examined such individual's [kind of acceptable photo identification] and confirm that the photo thereon shows a true likeness; and I have retained a copy of same in the file;4. I verified such individual's residence address using [specify kind of acceptable document] and I have retained a copy of same in the file;5 Such individual signed the Account Application in my presence on 9 17 2002 and

6. I reviewed the Account Application for completeness.

Signature:

[Signature]  
Rep Office Employee (if applicable)

or

BLUSA Officer

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## APPROVAL(S)

Approved by:

A. O. [Signature]  
Representative (if other Rep Office Employee signed Certification)

and

BLUSA Officer

OFAC List	Checked
By	On

Date: \_\_\_\_\_

Date: \_\_\_\_\_

If Rep Office Employee other than the Representative signs under "CERTIFICATION," the Representative must signed under "APPROVAL(S)." All accounts must be approved by a BLUSA officer



Montevideo Italia

Fecha: 21.5.1947

CIUDADANO LEGAL

56248

F 4 072193

Expedida: 14.4.1994

Vence: 14.4.2004

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REPUBLICA ORIENTAL DEL URUGUAY

DIRECCION NACIONAL DE IDENTIFICACION CIVIL

Cédula de Identidad

N° 930-9

Nombre DAVID EHRLICH BRESLER

Montevideo R.O. del Uruguay

Fecha: 6.11.1954

Expedida: 29.1.2002

Vence: 29.1.2012

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REPUBLICA ORIENTAL DEL URUGUAY

DIRECCION NACIONAL DE IDENTIFICACION CIVIL

Cédula de Identidad

N° 283-0

Nombre ANGELA SYLVIA TYKOCKI MELNITZKY

Montevideo R.O. del Uruguay

Lugar de Nacimiento

Fecha: 10.12.1975

Expedida: 31.10.1997

Vence: 31.10.2007

F1-J 560298

REPUBLICA ORIENTAL DEL URUGUAY

DIRECCION NACIONAL DE IDENTIFICACION CIVIL

Cédula de Identidad

N° 654-7

Nombre JORGE EHRLICH TYKOCKI

Montevideo R. O. del Uruguay

Lugar de Nacimiento

Fecha: 11.8.1978

Expedida: 31.10.1997

Vence: 31.10.2002

F1-J 557878

REPUBLICA ORIENTAL DEL URUGUAY

DIRECCION NACIONAL DE IDENTIFICACION CIVIL

Cédula de Identidad

N° 522-4

Nombre SARA EHRLICH TYKOCKI